

Resisting decline? Narratives of independence among aging limbless veterans

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Abstract

‘Maintaining independence’ is a core project for many older people; a project which has received critical attention within aging studies. In this paper, we extend the critique by exploring how aging intersects with disability and militarism as additional critical subjectivities. The empirical focus of the paper is the narratives of older military veterans who had lost a limb either during or post-service. Data reveal the long legacy of military experience in the lives of these veterans; a legacy which is manifested in both negative and positive outcomes. A dominant narrative of ‘struggling against decline’ is identified, while ‘minimization’, ‘victimhood’, and ‘life-as-normal’ emerged as further narrative types through which veterans articulated their experiences of aging with limb loss. Findings from this study highlight both resilience and vulnerability as features of older veterans’ experiences of aging with limb loss. Building on previous critiques, we add further nuance to understandings of how older people might respond to the narrative of decline, and illustrate multiple possible meanings of claims to ‘normality’. By sharing the stories of older limbless veterans, we aim to contribute to – and connect – several fields of study including aging studies, critical disability studies, and critical military studies. Findings are discussed in light of current trends in each of these fields.

Keywords: *narrative; independence; military; veterans; amputation*

Introduction

Growing older with a physical impairment complicates the contemporary individual imperative to remain ‘independent’ into old age. (Minkler & Fadem, 2002; Raymond & Grenier, 2015). Independence, and the ability to sustain it, is considered a hallmark of the responsible individual citizen; contributing, able, and not dependent on welfare or care provision (Breheny & Stephens, 2012; Rudman, 2015). Exclusionary aspects of aging discourse, such as the devaluing of older people with greater mobility problems and levels of dependence, have consequently been the focus of increasing critical attention with the social gerontology literature (e.g., Breheny & Stephens, 2012; Lamb, 2014; Mendes, 2014; Schwanen & Ziegler, 2011). The imperative to maintain independence presents particular practical and ideological challenges to older people living with impaired bodies (Breheny & Stephens, 2012; Mendes, 2013; Smith et al., 2007). In this paper, we examine the narratives of older military veterans with limb loss in order to highlight possible responses to these challenges from one group of older people.

Understandings of ‘independence’ have broadened because of recent work in aging studies (Breheny & Stephens, 2012; Schwanen & Ziegler, 2011; Schwanen et al., 2012; Smith et al., 2007). Independence is conceived as a ‘collective achievement’ (Schwanen & Ziegler, 2011), and a ‘complex and fuzzy notion’ involving a range of bodily capacities, technologies, social networks and other elements (Schwanen et al., 2012). Theorists recognise that independence is a concept with multiple meanings (Smith et al., 2007), with many such meanings encompassing more progressive notions of reciprocity and *inter-dependence* (Breheny & Stephens, 2009; Fine & Glendinning, 2005). Whilst therefore recognising the plurality of meanings attached to ‘independence’, in this paper we examine how the concept shows up in veterans’ narratives about aging with a disability.

Whereas the majority of military veterans – in population terms – are over 65 years old, relatively scant attention has been paid to older veterans’ experiences within either the gerontology or military studies literatures (Burnell, Crossland, & Greenberg, 2017; Capstick & Clegg, 2013; Hunt & Robbins, 2001a; Settersten, 2006; Spiro et al., 2016; Williams et al., 2017). Yet, as Settersten (2006) argued, there is often a lifelong legacy of military service with significant implications for physical, mental, and social functioning in later life. This legacy is most visible in physical wounds such as limb amputations that some military personnel experience through service, and the long-term after effects of these injuries (see Caddick et al., 2018). As Cooper et al., (2018) argued, however, military experience also exerts a more subtle enduring legacy on the identity and behaviour of veterans, shaping how they respond to challenges in civilian life. Accordingly, the effects of military service should be considered as: long-term, experienced across multiple life domains and social relationships, contingent upon the social and historical context of service, and manifested in potentially both positive and negative outcomes (Spiro et al., 2016).

By focusing on independence in older limbless veterans, we aim to explore how lives are experienced at the intersections of aging, disability and militarism. As “complex embodied legacies of war and war-preparedness” (Bulmer & Eichler, 2017; p. 162), veterans carry the residual imprint of military power and institutional socialisation. The military culture in which they were formerly embedded is one which privileges a tough, uncompromising form of masculinity (Cooper et al., 2018). As Açıksöz (2012) argued, however, disability creates an ambiguous subjectivity for the veteran; simultaneously at the apex of cultural masculinity as veteran/hero yet also de-masculinised as weak, dependent and ‘victim’ (see also Woodward et al., 2009). Aging presents further contradictions, whereby increasing bodily vulnerability and decline contrast with a gloried former military self and an active, disciplined body (Williams et al., 2017). Notably, such contradictions complicate the

use of coping strategies (such as a ‘stiff upper lip’ approach to dealing with pain and distress) which veterans might have relied upon throughout their military and post-military lives (Capstick & Clegg, 2013; Hunt & Robbins, 2001a; Machin & Williams, 1998). Understanding how limbless veterans narratively construct the aging process might, therefore, shed light on how the imperative to be ‘independent’ is experienced within a web of embodied contradictions and personal challenges.

Previous research has identified the long-term consequences of war and military service for veterans’ later life experiences (e.g., Burnell, Boyce & Hunt, 2011; Burnell, Coleman & Hunt, 2010; Hunt & Robbins, 2001a, 2001b; Settersten, 2006; Spiro et al., 2016). Hunt and colleagues (Burnell et al., 2010; Hunt & Robbins, 2001a, 2001b) indicated that many veterans still experienced psychological distress 50 years after serving in war. The ability of veterans to construct a coherent narrative of their military service, along with social and emotional support in the form of family and veterans associations, were revealed in this research to be important coping mechanisms for veterans in later life. Also influential was the societal narrative attached to particular wars: whether conflicts were judged to be ‘justified’ had an important bearing on veterans’ later life adjustment and well-being. Research specifically on limb-loss in older veterans mirrors dominant biomedical framings of aging by adopting a mostly clinical focus. A recent systematic review of aging and limb-loss in veterans (Caddick et al., 2018) highlighted that a high prevalence of pain and comorbidities (e.g., arthritis, back pain, residual limb pain) was undermining veterans’ quality of life several decades post-amputation. Amputation, therefore, is not a static disability, but a “progressive and deteriorating condition” (Ebrahimzadeh & Fattahi, 2009; p. 1873) which affects veterans for the remainder of life.

Conceptual framing: Narratives of later life and disability

Narratives provide us with resources for conceptualising self and society; for understanding who we are, how to live, and what to do (Frank, 2010). Further, narratives help us to make sense of the past, suggest how we should live in the present, and orient us toward the future (Freeman, 2010). In this sense, narratives are an important vehicle for personal knowledge and action in the lives of individuals. They are also deeply, thickly, social (Smith & Sparkes, 2008). Operating at a social level, narratives perform important roles by shaping dominant perceptions of groups of people, communities and organisations (Plummer, 1995). As well as working on individual people by shaping their self-knowledge and possibilities for action (Frank, 2010), narratives perform important social and political work, for example by legitimizing and de-legitimizing particular forms of aging (Biggs, 2001). Grasping the potential of narratives for conceptualising key issues in aging studies, researchers have embraced the sub-field of narrative gerontology in order to generate new knowledge and ways of understanding older people's lives (e.g., Kenyon et al., 2001; Phoenix et al., 2010; Phoenix & Smith, 2011; Rudman, 2015).

Prevailing social narratives of aging position 'dependent' older people as burdensome, destined only for further deterioration within the 'narrative of decline' (Gullette, 2004). The narrative of decline has been identified as the dominant master narrative of aging in Western societies (Gullette, 2004). Aging is depicted as a process of inevitable mental and physical deterioration, an accumulation of losses, and a fading into irrelevance, dependence and isolation. Aging is 'medicalized', deemed a social problem to be solved or cured (Phoenix & Smith, 2011). Moreover, the narrative of decline is oppressive, downplaying expectations of older people and limiting their prospects and possibilities for a fulfilling experience of later life (Randall & McKim, 2008). While many older people *do* indeed experience their lives as 'in decline', and loss of independence *does* impact negatively on

physical and mental wellbeing (Schwanen et al., 2012), they also encounter narrative harms as a result of aging narratives that define dependence as personal failure, and that privilege independence as a primary marker of responsible citizenship (Lamb, 2014; Rudman 2015).

There is a need for more nuanced narratives of older people – particularly those with physical impairments – which can represent complex lived experiences of aging and in/dependence. As Frank (2006) suggested, stories ‘compete’ for our attention; the more stories are competing, the greater the freedom of expression. Phoenix and Smith (2011) highlighted the power of *counterstories* to give expression to alternative modes of aging by resisting dominant master narratives. In their example, a group of mature bodybuilders offered various levels of resistance to the narrative of decline through counterstories which distanced themselves from ‘normal’ older people (i.e., individual resistance), or stories which highlighted the negative, socially constructed nature of the master narrative itself (i.e., wholesale resistance). In the remainder of this paper, we consider the ways in which older veterans’ stories enabled them to resist (or not) being in decline, and ask what ‘kind’ of older limbless veteran their stories allowed them to be?

Methods

Data for this paper are derived from a study of older limbless veterans’ health and wellbeing which was funded by the Armed Forces Covenant Aged Veterans Fund (UK). Participants were recruited from among the membership of the British Limbless Ex-Servicemens’ Association (Blesma) by means of two ‘peer recruiters’. These peer recruiters – both veterans – were part of the project steering group, and one was also a Blesma member who was known to some of the participants, able to quickly and easily establish rapport, and trained to deliver

information about the project and gauge members' interest in participating in the research¹. Participants included both veterans whose limb-loss was service-connected (e.g., injuries sustained in combat or training accidents), and non-attributable to service life (e.g., motor vehicle accidents, disease-related and post-service limb-loss). Rather than emphasising the mechanism of injury, our purpose was to consider a) the links to a military biography regarding how individuals might approach disability in later life, and b) veterans' approaches to dealing with mobility and impairment in later life. Our focus reflects the membership structure of Blesma who have two levels of membership: full members (limb-loss due to military service) and associate members (limb-loss unconnected with or post-military service). While our study was therefore inclusive of both membership categories, we sought to tease out any distinctions in the stories veterans told about limb-loss during the data analysis process.

Veterans (all were men) taking part in this research spanned a range of ages and life stages – from 'mid-life' through to very old age – and had served in historical conflicts from World War II through to Gulf War 1, UN peacekeeping missions, and those who never deployed on operations. Our intention was thus to capture a broad range of military and limb-loss experiences. Interviews with the veterans took place over the course of a year and took the form of detailed life-history interviews (Brinkmann, 2013). These were spread over one to three occasions depending upon the depth and detail with which each veteran was able to recall and describe his experiences. The interviews were broken down into life stages – covering life before, during, and after military service – and were relatively unstructured, following the lead of the participant but with probing questions used to elicit further reflections on the challenges of living with limb loss where required. Three researchers were involved in interviewing participants across the north and south of England, with follow-up

¹ Detailed reflections on this peer recruitment strategy are the subject of an additional paper (forthcoming)

interviews being conducted by the same researcher in all but one case. The research team kept in regular contact throughout the year of data collection to discuss how the interviews were progressing. Ethical approval for the study was granted by Northumbria University.

Veterans' stories were interpreted using Frank's (2010) method of dialogical narrative analysis. The method assumes an *active* role for stories in the life of groups and individuals. Therefore the purpose of dialogical narrative analysis is to understand what a particular story *does* in the life of the teller and in relation to listeners and other people. Frank (2010) explains the active role of stories thus:

People do not simply listen to stories. They get *caught up*, a phrase that can only be explained by another metaphor: stories get under people's skin. Once stories are under people's skin, they affect the terms in which people think, know, and perceive. Stories teach people what to look for and what can be ignored; what to value and what to hold in contempt. (p. 48; original emphasis)

The 'dialogical' aspect of the method conveys the notion that stories are told – and lived – in dialogue with other people and other stories. Dialogue, moreover, does not (only) refer to literal spoken communication, but to the social process through which stories are shared, circulated, and acted upon. Accordingly, dialogical narrative analysis calls attention to the intrinsically social process by which stories 'breathe'² people into being who they are and doing what they do. The analytical process begins with techniques of data familiarization and coding common to many forms of qualitative research. The more distinctive aspect is its use as a 'method of questioning' (Frank, 2010), by which the analysts interpret the data through a series of 'dialogical questions'. For example, how does the story shape people's sense of what is possible, what is permitted, and what is responsible or irresponsible? What kind of

² To use Frank's (2010) title trope of '*Letting stories breathe*'

response does the story call for or seek to provoke from different listeners? And what particular truths about aging limbless veterans do their stories seek to communicate? Such questions serve to open up the analysis process and are explored through writing as a further form of analysis.

Stories of limb-loss

Like all stories, veterans' stories of limb loss were narrated within a wider context that shaped their telling. Public discourse in the UK mostly provides a supportive context for veterans. British social attitudes hold the Armed Forces and veterans in high regard, despite widespread opposition to recent wars of intervention (Hines et al., 2015). The public 'visibility' of veterans peaks annually around Remembrance Sunday, with older veterans in particular often heavily represented on parades and as poppy-sellers³. At other times, positive undercurrents of support notwithstanding, veterans mostly recede into the background of public life, apart from when 'veterans' issues' are made the focus of commentary and criticism in the popular press. A large and often vocal military charity sector is a core component of the support to UK Armed Forces veterans. The sector includes the organisation 'Blesma' who provide support and advocacy on behalf of limbless veterans and with whom the research was conducted. Situated within this social context, veterans told us their stories of life after limb-loss.

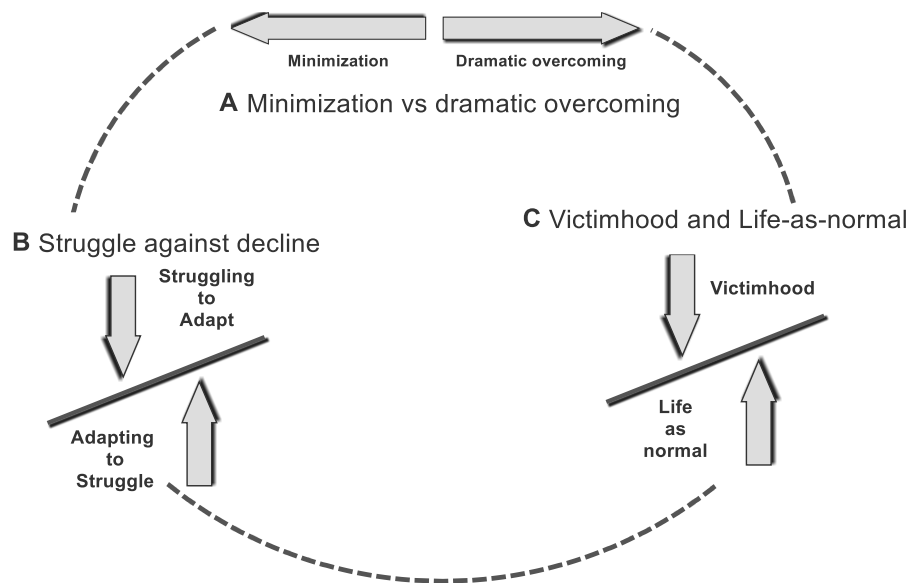
Veterans' stories are illustrated by means of a typology (Smith, 2016); a cluster of 'narrative types' which each express something unique about participants' experiences. We identified four main narrative types including "*struggling against decline*", "*minimization*",

³ The poppy flower being the traditional symbol of Remembrance. Older veterans, dressed in regimental jackets and wearing their Service medals, can often be seen selling poppies at train stations and outside supermarkets to raise money for veterans' charities.

“*victimhood*” and “*life-as-normal*”. A fifth type “*dramatic overcoming*” was conspicuous by its absence from the data, and is therefore critiqued in the discussion. These narrative types evoke the core threads commonly structuring the veterans’ stories. Some stories map more or less exactly onto the narrative types while others are more fluid, perhaps with multiple overlapping stories being told or emphasised at different points.

In presenting our findings as a typology of narratives, our intention is to highlight commonality among veterans’ stories whilst also preserving their complexity, showing how the same narrative threads were used skilfully by individual storytellers to describe their experiences. We do not wish to imply that participants’ remarks can be easily pigeonholed into convenient categories. Frank (2012; p. 46) notes that one advantage of a typology is to “render orderly what initially seems merely individual in its variety”. The corresponding disadvantage is that participants’ stories can seem squashed into the various types, with complexity reduced to category. To guard against this interpretation, we note that the narratives we identified should be understood as the general, prevailing themes of participants’ stories; stories that are always more complex than any individual report can do justice to. We also consider the narrative types as *relational*, with the fluidity and interplay between them represented by the following conceptual model:

Figure 1: Conceptual model of limbless veterans’ aging narratives



- A. Minimization is conceived as opposite to the contemporary narrative of 'dramatic overcoming' embodied in the Invictus Games competitor.
- B. 'Adapting to struggle' and 'struggling to adapt' illustrate shifts in the tone of the narrative of 'struggling against decline'.
- C. The victimhood narrative aspires to normality, whilst 'life-as-normal' attempts to keep victimhood at bay.

Struggling against decline

Many veterans' stories of aging and limb-loss hinged on a core tension: struggling against decline whilst striving to maintain independence. In most cases, this struggle was narrated as a plucky, spirited one, rather than a gloomy or oppressive 'battle'. Veterans' stories thus revealed a strong sense of agency in their efforts to build and maintain their independence despite problems like impaired mobility and debilitating pain. Nevertheless, these stories also showed the pervasive and threatening qualities of the narrative of decline in shaping veterans' experiences and expectations of aging:

I think the age thing is definitely a factor. I mean there was a case I broke two [assumptions about older people] in one week; well one was rock-climbing and one when I jumped out of an aeroplane! And they [others] said 'Well what are you doing?' And I said 'Well, because I can'. I mean age is a stigma really. You only get older when you get unfit. If you get unfit, then you get older in my opinion. So if I'm

given the chance to do these things, I'll jump at it. Whether I'm sixty or eighty . . . I feel eighteen. It's only when I try to do things that the age gets in the way . . . In my mind I can't see anything changing. But my heart is saying it's going to. My wife says I'll be a terrible man to live with when I'm in a wheelchair, but I hope I'm not because it's going to come. It's going to come. I'm not looking forward to it. But I've tried a wheelchair one-handed and it's quite difficult. So I'll just have to adapt it in some way, and, God, I – in my mind I don't want it to come even though it's going to. I'm dreading it, absolutely dreading it. (64, above-knee amputee + limited use of hand, industrial accident post-service)

Mirroring wider fears about aging (Higgs & Gilleard, 2014), veterans' stories revealed a desire to delay decline while doing their best to remain independent. A palpable fear of bodily decline ran through these stories, along with a fear of the 'really' disabled (e.g., paralysed, wheelchair-bound) or 'elderly' other (cf. Heavey, 2013; Jefferies et al., 2017). Some veterans went as far as to suggest they would prefer to 'end things on their terms' rather than end up in a state of high dependence or living a "pointless, daytime television existence". For these veterans, the fear was that amputation and its comorbidities would accelerate personal degeneration into a fearful, abject 'fourth age' (Higgs & Gilleard, 2014). At the same time, their stories were full of descriptions of what they could *still do*; activities that enabled them to narratively place themselves in the categories of abled and 'not old' (Heavey, 2013; Rudman, 2015). Tasks such as walking, driving, adapted physical activity, and fixing things around the house provided evidence that their bodies were still useful and that they belonged to the realm of 'independent' older people. That these tasks would sometimes be carried out in spite of debilitating – sometimes crippling – joint, back and stump pain highlighted their importance to the veterans' image of independence (Williams et al., 2017). The image was one of independence as a moral virtue, something that needed to be

worked at and defended (Breheny & Stephens, 2012). In contrast, dependence was a ‘trap’ that one ‘fell into’ if one became lazy and allowed other people to carry out too many tasks on one’s behalf (Rudman, 2015). Continuing to engage in productive activity was therefore self-reinforcing for limbless veterans’ independence in that it both proved independence and helped to sustain it.

Together with engaging in activity, older limbless veterans emphasised the importance of “having the right attitude” in order to prevail in the struggle against decline. The right attitude toward the challenge of aging with limb-loss can be summarised thus:

Personally I’m the sort of bloke who says I don’t care, it don’t matter, I’ll get over it. That’s my attitude. And whatever happens in your life, if you’ve got to adapt to something different, you either adapt or you go under as far as I’m concerned. And if someone comes up to me – I mean my sister said when I come back from Northern Ireland, and I’m on R&R⁴ one day and she said ‘You aren’t half hard!’ I said ‘You’ve got to be’. You know you can’t go softly-softly at all. You’ve got to be aware of everything all the time. And if something goes wrong in your life, you’ve got to say ‘Oh well I’ve had a kick in the fucking- sorry, a kick in the teeth! Get up and deal with it or suffer. You can sit there and feel sorry for yourself, why should you? Other people are feeling enough sorry for you. But you’ve just got to have the right attitude. But I’ve been through life like that. Alright you get kicked in the teeth, knocks you down, you get up, something else comes along, kicks you in the teeth, knocks you down, you get up again. You think ‘Oh fuck it! Is it all worth it?’ And then when you look around and you think ‘Oh it ain’t too bad really’, and you get on with it. (69, above-knee amputee, post-service disease-related)

⁴ Rest and recuperation

The exhortation to ‘get on with it’ echoed with particular frequency throughout the interviews. The brief phrase signifies a positive approach to coping with problems and staving off decline, foregrounding an upbeat sense of resolve and resilience (Caddick et al., 2015). Further examples – “I just get on with it, no use bellyaching” . . . “The Army don’t give you time to grieve, you just carry on and get on with it” – illustrate the manner in which it was deployed. It is possible to trace a narrative lineage for this ‘get on with it’ attitude to the veterans’ days in military service. Indeed, the phrase resonates strongly with Ledwidge’s (2011) description of the Army’s ‘cracking on’ mentality; a relentlessly positive, forward-looking approach that may be defined as “getting on with whatever is at hand with enthusiasm” (p. 144). Tellingly, the veterans in this study continued to embody the ‘get on with it’ approach to remain active despite experiencing limited physical mobility, and to withstand various forms of pain and comorbidities (see Caddick et al., 2018; Williams et al., 2017). The approach highlights both the lifelong legacy of military ways of being (Caddick et al., 2015; de Medeiros & Rubenstein, 2016), and the continuity of traditional ideals of masculinity in the lives of older men more generally (Thompson & Langendoerfer, 2016). When asked from where they derived this positive coping mentality, the veterans typically asserted that “that’s how I’ve always been”, thus illustrating a strong thread of continuity between past and present selves (Breheny & Griffiths, 2017). Moreover, the same approach was evident in the stories of veterans injured during and post-service, demonstrating both the pervasiveness of the military mentality and its commonality within different biographies of limb-loss.

Despite the positive ‘get on with it’ approach to struggling against decline, a distinction emerged between those who were *adapting to struggle*, and those who were *struggling to adapt*. Adapting to struggle meant that veterans had achieved relative levels of satisfaction with their ability to overcome the limitations of pain and immobility caused by

their impairments, were holding back decline, and were reasonably independent. They were effectively ‘getting by’ (Gilleard & Higgs, 2010) and were assimilating disability into active ‘third age’ identities. Struggling to adapt, however, meant that the impairment effects (Thomas, 2007) of amputation increasingly hampered veterans’ efforts to preserve their independence, and led to bodily vulnerability, frustration, and in some cases, isolation and loneliness. The distinction was revealed in the tone and structure of the stories (Smith, 2016), which were less relentlessly positive and more susceptible to decline among those struggling to adapt:

Interviewer: And do you get around the town much?

Participant: No. No not much. I’ve an electric chair outside. I haven’t used it for a long, long time while she [wife] was in hospital. And I’m frightened to use it now in case it breaks down while I’m out. So I don’t use it. I don’t go on my own into town very much. I don’t drink or anything so I don’t need to go in pubs or anything.

Obviously I’m a bit wary of going out on my own. . . . I don’t ask anyone for help really. I’ve been a bit too independent really for that kind of thing [support]. I’ve always tried doing it for myself, yeah . . . I’ve always just got on myself and done it. (79, injured in RTA⁵ during service, later above-knee amputation)

I’ve always had an attitude of happy-go-lucky. I’m very ‘if it happens, it happens’, all this kind of thing. And sometimes –a lot of people think I’m– or that I get on with things and all that carry on. You know, they don’t know with all this carry on [limb-loss]. But what I can tell you is that sometimes, all I want to do is when I get back home is just sit and just relax a bit. (69, RTA while on duty resulting in above-knee amputation and other injuries)

⁵ Road traffic accident

After years of straining their injured bodies to carry on walking, working, and being productive, some veterans felt less able to resist physical and psychological decline. The body's *corporeality* – its fleshy, material (and decaying) presence – could no longer sustain the veteran's *embodiment* of a tough, 'get on with it' military identity (Gilleard & Higgs, 2018). Evident above is a sense that some veterans were *less willing* to oblige the masculine imperative to 'get on with it' if that meant portraying a false image of limitless energy and enthusiasm (de Medeiros & Rubenstein, 2016). Alternatively, they would continue striving to embody this approach to coping 'independently' despite mounting physical difficulties and social isolation. The meaning of 'get on with it' was therefore flexible, and could mean different things in different situations (Caddick et al., 2015). For veterans struggling to adapt to age-related changes in their condition, it could turn from being a psycho-social coping mechanism to a burdensome ideology, or barrier to seeking support (Machin & Williams, 1998). Struggling to adapt could also entail a loss of the continuity (e.g., continuity of self-image, bodily capability and masculine potency) which upheld the resolve and resilience of veterans adapting to struggle. For those with diminishing personal resources with which to resist decline (e.g., relative old age, greater severity of impairment), this loss of continuity could give rise to transient or more permanent feelings of despair. As one veteran commented, "Last two or three years I've lost the 'go' in me . . . I get annoyed when I'm trying to do things and I can't do what I want to do. So frustration takes over."

Minimization

For a number of the veterans we interviewed, limb-loss was not the story they wished to tell. The real story lay elsewhere, typically in long and successful careers which they had enjoyed post-injury. These veterans consistently sought to minimize the relevance of limb-loss to their life stories, to downplay its impact in their lives. Indeed, some veterans barely talked about

limb-loss during their interviews. On occasions where limb-loss was discussed, normality was often emphasised:

I was determined that I was going to you know walk as normally. And in fact most people up until quite recently, don't realise that I wear a prosthesis. And that's what I wanted. I wanted to be you know, accepted as normal. Actually I'm not really very much in favour of the way that the modern amputees look on their prosthesis because you know they don't care about the bits of leg sticking out below the trousers and all the rest of it. Whereas you know as far as I'm concerned, I prefer to be normal. (88, below-knee amputation, disease-related during service)

I don't think it really affected me. In fact I'd only say the main trouble was – it always has been, still is, it's bothering me enormously at the moment – is getting a comfortable leg . . . So I can't honestly say that it stopped me doing things very much. I would like to have played a bit more cricket, but then I think if I tried I could perhaps have done. Nowadays there's more opportunities. (95, below-knee amputation caused by World War II landmine)

This [limb-loss] is fine. I mean, it's no problem. (66, below-elbow amputation caused by explosive during post-Falklands War 'clear-up')

Typically, though not exclusively, those whose stories minimized limb-loss had sustained lower-level amputations (e.g., below-knee) and experienced fewer impairment effects as a result. For these veterans, limb-loss was a fact of life and did not impinge on their sense of self; in Watson's (2002) terms, it was "ontologically unimportant" (p. 524). Unimportance, however, did not mean that these veterans were unconcerned with how their injuries made

them appear socially. For example, the first of the above quotes reveals a concern with presenting or *passing* (Goffman, 1968) as normal. That is, veterans held a desire to avoid a stigmatized disabled identity and to be accepted as normal by others (Winance, 2007). Inconspicuous and well-fitting prosthetics were an important part of sustaining this sense of normality, as one participant commented “I feel lost without my artificial limb now because it does so much for me”. In contrast to ‘modern’ military amputees, for whom visibility of prosthetic devices is more likely to be associated with heroic sacrifice than bodily deviance (Grabham, 2009; Wool, 2015), older veterans who minimized limb-loss in their narratives tended not to want to “advertise” their injuries. Instead, they described feeling satisfied when others would express surprise upon finding out they were missing a limb: the surprised reactions validating their efforts at normalisation (Murray, 2005).

Another defining feature of minimization was an emphasis on making an equal contribution to that of their able-bodied peers. The centrality of *work* in their post-injury lives played a significant role in enabling older veterans to claim such equality. As one veteran explained:

You’ve got to prove to yourself that you can do a job and just as important prove to others. I don’t remember it as being particularly difficult because you know I wasn’t out of work for a long time or anything like that. Had that happened, it may have been very different. But it wasn’t. Things have just turned up. (75, above-knee amputation resulting from landmine blast)

In her historical study of post-war rehabilitation in Britain, Anderson (2011) identified sport and work as two key means by which disabled ex-servicemen restored a sense of masculinity. In particular, restoring injured veterans’ economic capacity was crucial to regaining

independence and to moving from emasculated invalid to productive contributor in the eyes of society. Some of the veterans in this study are old enough to have experienced directly the national post-World War II rehabilitation effort Anderson describes. Regardless of age or conflict era though, the legacy of this approach to rehabilitation as minimizing disability and maximising independence and masculine identity is evident in the narratives of these veterans. Their stories, which focused mainly on career exploits, demonstrate the importance of work in minimizing the impact of limb-loss in a post-amputation biography. Work did not necessarily have to be military-related to fulfil this normalising role, though for some participants the thought of accepting a medical discharge as a result of limb-loss was anathema. Nor was career success limited to those whose narratives minimized limb-loss. Rather, what these stories demonstrate is the crucial role of work as a *normalizing process* (Winance, 2007), enabling veterans to minimize struggle and maximize independence.

Furthermore, minimization might also be considered a counterpoint to the seemingly dominant contemporary narrative of ‘dramatic overcoming’, embodied in the Invictus Games⁶ competitor, which currently appears to define the meaning and process of rehabilitation for limbless veterans. Whereas Invictus narratives make injury the central feature of veterans’ stories (as that which is dramatically overcome through sport), minimization pushes limb-loss aside, declaring it a non-issue. Despite the cultural prominence of Invictus narratives, veterans in our sample seemed to prefer minimization as a form of narrating limb-loss, perhaps as a way of quietly ‘getting on with it’.

Victimhood

Alongside notions of heroism and vulnerability, a narrative of ‘victimhood’ has become a core medium through which military experiences are expressed when personnel encounter

⁶ The Invictus Games, initially organised in 2014 and now an annual event, is a Paralympic-style international sporting competition for injured veterans

harm as a result of their duties (McCartney, 2011; McGarry & Walklate, 2011; McGarry, 2017). This narrative – which focuses predominantly on personnel killed or injured in *combat* – elicits from the public both sympathy toward veterans and their families and anger toward the government for allowing victimisation to occur. It is not a popular mode of expression amongst older limbless veterans. Some explicitly distanced themselves from it with comments such as “I don’t like sympathy”. For one veteran we interviewed, however, victimhood seemingly provided the only workable story for expressing his woeful experiences with limb-loss:

I honestly can say that what happened to me and the aftereffects, I felt abandoned, I felt alone. I felt so dejected and unwanted and uncared for. I wanted the military to help me. I wanted them to guide me, support me and to help me to try and rebuild a life. And they– after my initial injury, they just washed their hands of me. And all they were prepared to do was just carry on paying me. There was no aftercare. I honestly felt like I was– I meant nothing to the military. I felt so alone and I didn’t know who to turn to, I didn’t know who to go and get help from. I was angry. I saw my career being destroyed because of my knee injury. I saw my quality of life destroyed. I saw my physical fitness destroyed. Where is the help to help me to rebuild my life? There was nothing . . . Those that have served Queen and country by being injured through peacetime, they get nothing. Big discrepancy. Because there’s no charities out there for military personnel injured in peacetime. And if you go to the National [Memorial] Arboretum, there’s not a memorial there for military person that have died in peacetime, nothing. It’s all about the conflicts. And I find it absolutely distasteful and shameful that that’s how this country treats us. It leaves an extremely,

extremely bitter taste in my mouth. (44, injured during training later resulting in above-knee amputation)

For older limbless veterans (and ‘younger’ ones too, for that matter), the military victimhood narrative is potentially *both* oppressive *and* strategically useful. Curiously, this is because ‘victim’ status can simultaneously be devalued but also celebrated by society. On the one hand, victimhood is a useful story because it confers the political advantage of legitimizing anger and strengthening calls for compensation and support. As McCartney (2011; p. 50) put it, “Adopting the mantle of victimhood helps to justify challenges to authority”, and suggests that preferential treatment should be given. The veteran quoted above has acquired his victim status in his capacity as a ‘state servant’ (McGarry, 2017), yet, as his comments reveal, the state constructs a *hierarchy of wounding* with combat-injuries positioned above non-combat or ‘peacetime’ injuries. The participant thus claims the powerful rhetorical status of the forgotten or discarded hero (Woodward et al., 2009); disabled through noble service but inadequately compensated by a callous and uncaring state. This is the status for which he seeks recognition, but since recognition is not forthcoming he is unable to shake off his story of victimhood. Being stuck in victimhood compounds the oppressive elements of this narrative. Despite being strategically useful, victimhood is stigmatized and unwanted. In many respects, it is the antithesis of the heroic, masculine ideal of the soldier because of the connotations of weakness, vulnerability and passivity attached to the concept of victimhood (McGarry & Walklate, 2011). Soldiers and veterans generally do not want to imagine themselves as ‘vulnerable’ (McGarry & Walklate, 2011), therefore victimhood can feel uncomfortable and socially awkward. In this narrative, decline – of health, livelihood, independence and quality of life – is already a reality, a situation described in the participant’s own words as “extremely grim”.

Life-as-normal

Just like minimization, “life-as-normal” narratives present strong claims to normality. But, unlike minimization, these claims are undermined by the weight of the trauma that is held within. Frank (2013) describes life-as-normal narratives as a choice *not* to share illness or traumatic experiences, in order to preserve normality. Trauma is not denied, but is held in the background “as much as possible, for as long as possible” (Frank, 2013; p. 195). The narrative only breaks down when normality becomes an unsustainable pretence, for example when the burden of a damaged and deteriorating aging body becomes too much to bear. One veteran’s story evoked this narrative type while another transitioned through it, later recognising the limitations of this form of narration. For the former, ‘normal’ was a mask that seldom slipped, but gave way to grief when it did:

Everybody thinks I’m a nice guy, but underneath it all I have got anger issues and the frustrations of being caught out by the IRA putting a bomb under my car, as a military policeman, as a blooming bodyguard, as a close protection person, to have been caught out by somebody putting a bomb under the front of my car. And it all came piling out – yeah, the frustrations of life, you know not being able to move sideways, not being able to reach things on the shelves, not being able to carry the kids upstairs . . . It’s not something that I have held 100% behind, but it might be something that I’ve held within for twenty years. And because it’s like a blowhole, it’s like it’s a release and it’ll never go away, it’s just you let it go once and it’ll still be there in another ten years’ time if I’m still around. It’s part and parcel of just being a victim of terrorism; me being you know, a sad story, most of the time, 99% of the time you know it doesn’t come across, it doesn’t worry at all. It’s nearly the norm. I feel normal in a way. (60, double lower limb amputee caused by car bomb)

One aim of telling a life-as-normal narrative appears to be resisting victimhood, for exactly the reasons outlined above regarding victimhood as oppressive and stigmatizing. ‘Normal’ is a much better story, for as long as it can be sustained (Frank, 2013). However, the costs of telling ‘life-as-normal’ are evident here also, particularly in terms of the emotional and psychological burden of keeping grief under wraps. Another aim of the ‘life-as-normal’ narrative is highlighted by the other veteran for whom this story once resonated, but who later moved on to tell other stories about his life post-limb-loss:

I was getting on with my life. I was physically over it really. I think I was very lucky physically I got through the amputation and physically no problems really. And I felt I built a wall around myself to protect me, but also to protect my family and close friends. Because I threw myself into doing crazy challenges like doing the marathon and stuff like that. In ‘96 I did the London Marathon so it was a year afterwards. And I did it because I wanted to anyway, to prove to myself like you’ve got to get on, but it was also I did it for my family to see I’m ok. But I wasn’t really . . . I think that what was devastating was that loss of limb obviously, but also loss of career and loss of direction. And that if anything was more disabling than actually the loss of limb, for me. (45, below-knee amputation caused by landmine)

In addition to keeping victimhood at bay, ‘life-as-normal’ can therefore be a story one tells for others’ benefit. As Frank (2013; p. 196) explained with regard to illness stories, “The risk of the life-as-normal narrative is that the healthy people around the ill person are choosing to treat *their* lives as normal, and the ill person is subtly (or not) coerced into accommodating their anxieties” (original emphasis). Accordingly, Frank suggested, it is important to consider whom is making claims to normality about whose life, why such claims are being made, and what they might be concealing.

Discussion

Different narratives convey different possibilities for aging ‘independently’ with limb-loss. Our findings show veterans struggling – more or less effectively – to live their lives as best they could while facing down the challenges that aging with limb loss presented them. Their stories demonstrated a considerable sense of agency and resilience in their approach to dealing with the challenges of limb-loss in old age, and the threat this posed to their independence. The long-term legacy of a military biography is thus revealed to be positive in the sense that it furnished veterans with the psychological resources required to adapt to the struggles of impaired mobility and debilitating pain (Spiro et al., 2016). At the same time, the resilient ‘get on with it’ attitude favoured by these veterans could become burdensome if it refused to yield in the face of mounting physical, social and psychological difficulties (Caddick et al., 2015). The strong appeal of ‘normality’ was also identified (Jefferies et al., 2017), taking on different connotations depending on whether normality was a reflection of minimal impact (minimization) or a mask (life-as-normal).

Our findings contribute to several disciplines, each infrequently interconnected within the academic literature. For aging studies, this paper highlights the continued need for counter-narratives to challenge the restrictive master narratives which condition older people’s experiences of aging and independence (Phoenix & Smith, 2011; Rudman, 2015; Raymond & Grenier, 2015). The ‘getting on with it’ approach to resisting decline is revealed here as a personal counter-narrative that helped veterans to preserve resilience and independence, but may inadvertently leave them complicit in sustaining notions of dependence as passive and burdensome (Schwanen et al., 2012). Accordingly, we reiterate calls for social narratives which capture the strengths and resilience of older people whilst also permitting “meaningful decline” (Lamb, 2014; p. 41). Furthermore, we highlight a pressing need to consider different versions of aging by focusing on specific populations;

thus revealing the *intersectionality* of aging (King & Calasanti, 2013). In what ways, for example, might victimhood narratives emerge from structured inequalities converging on the bodies and identities of female or ethnic minority veterans, or other groups of older people in general? Or, as de Medeiros & Rubenstein (2016) examine, how does the intersection of aging, military identity, masculinity, and mental health problems impact on the well-being of older veterans living in a retirement community? Following King and Calasanti (2013), we therefore suggest that a theoretically informed combination of scholarship from numerous areas offers potential for developing more nuanced understandings of aging and uncovering relations of inequality and disadvantage where these exist. As Gilleard and Higgs (2013) also suggest, there are as yet unrealised opportunities to enrich aging studies' social critique of aging by deepening its engagement with other critical areas of study.

For critical disability studies, we illustrate how Frank's (2013) 'life-as-normal' narrative can play out to distressing effect among those determined to present themselves as 'normal'. The narrative demonstrates how normative ideals of (masculine) personhood – abled, capable, successful in work and relationships – can operate to shape the expectations of disabled male veterans, and induce frustration when such images of normality are unattainable (Shuttleworth, Wedgwood, & Wilson, 2012). Highlighting the 'life-as-normal' narrative in the context of disability adds to recent theorising on the desire to be 'just normal' among amputees (Jefferies et al., 2017). Jefferies et al., (2017) showed that being 'just normal' was the prevailing concern of prosthesis users, and detailed the steps these users took (e.g., rationalising difficulties, continuing to use prosthetics despite discomfort) to preserve normality. Our analysis mirrors these findings and shows not only the strong appeal of 'normal', but also the dangers of 'life-as-normal' as the *preferred* narrative; the story others prefer to hear the disabled individual telling. While disability therefore has multiple meanings (Heavey, 2013), so too does 'normal', and those who support limbless veterans (e.g.,

prosthetists, physical therapists), may be encouraged to consider the context(s) in which normality claims are being made.

For critical military studies, our research demonstrates the long-term impact of military experience in both negative (e.g., limb-loss and its after-effects) and potentially positive (e.g., resilience, adaptability) forms. These findings add empirical weight to the notion of a ‘military habitus’, drawing upon Bourdieu’s (1990) notion of the habitus as the unconscious dispositions which structure our actions and perceptions, and suggesting that military ways of being are deeply rooted in the individual (Cooper et al., 2018). These ways of being may influence a veterans’ identity and behaviour long after they transition into civilian society in complex and sometimes contradictory ways, as we highlight throughout this paper. Also important to note for critical military studies and other scholars are the militarized narratives that are *not* being shared by older limbless veterans. In particular, narratives of dramatic and heroic overcoming of disability have been made culturally prominent by initiatives such as the Invictus Games, but were absent from the stories told by older veterans. Such narratives celebrate the triumphant sporting achievements of disabled military veterans, but often with little critical reflection on war or how to properly care for these veterans (Batts & Andrews, 2011). That older limbless veterans did not share stories of dramatic and heroic overcoming through sport possibly suggests that such sporting opportunities were less relevant, available, or appealing to them, or that younger veterans are the focus of these initiatives. Indeed, when asked about activities that helped to keep them engaged and active, veterans in this study typically mentioned more mundane pursuits like photography. Such activities – rather than high-octane, headline-grabbing sporting endeavours – were what generally helped to provide limbless veterans with a sense of meaning and independence in old age.

Conclusion

Aging with a physical impairment such as limb loss throws up challenges for living independently. Added to these challenges are social narratives of aging which privilege the moral virtue of independence and devalue 'dependence' on others. Our paper illustrates a range of narratives through which older military veterans approach the multiple challenges of aging with a disability. These are not the only stories that might be told, and we encourage others to be shared to increase the possibilities for expression. In particular, stories which enable veterans and others to resist decline and which value their efforts at dealing with adversity are called for.

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